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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000082116

1. Corporation Name

INTERCONTI CORP.



Mailing Address Principal Place of Business 15171 BAIN ROAD 15171 BAIN ROAD FT. MYERS FL 33908 FT. MYERS FL 33908 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/22/1997 4. FEI Number Applied For 2a. Mailing Address #257 2. Principal Place of Business 26 6900-29 Daviels PKWY. NOT APPLICABLE Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired 257 Suite Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible Zio Country ΠNo 33912 USA 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 WEGNER, THOMAS 82 Street Address (P.O. Box Number is Not Acceptable) 15171 BAIN RD FT. MYERS FL 33908 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change □ DELETE 1.1 TITLE TITLE WEGNER, THOMAS NAME 1.2 NAME 15171 BAIN ROAD STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33908 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 3.1 TIBE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 51 TD E TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE TITLE 6.2 NAME NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

RT. Honas L

CR2E034 (11/98)